

Itinerary

Round Trip: United States → Germany → United States

Health Concerns Summary

The following may pose a risk or require preventive measures based on this itinerary. See the report sections below for details.

- **Vaccine-Preventable Diseases:** hepatitis A, hepatitis B, influenza, measles, mumps, rubella, meningococcal meningitis, rabies, tick-borne encephalitis
- **Other Diseases:** anthrax disease, hantavirus, Lyme disease, travelers' diarrhea, West Nile virus

During the COVID-19 pandemic, routine vaccination of infants and young children aged ≤ 24 months is a top priority in the context of well-child care and should be prioritized when possible; vaccination of older children may still be conducted or postponed to a later date depending on community circumstances and resources.

COVID-19

Germany

Last updated: March 7, 2023

Fully vaccinated: 76.4%

Boosted or Additional Dose: 62.7%

Daily new cases: 11,090 (7-day rolling average)

Daily new cases / 100,000: 13

Daily new deaths: 90 (7-day rolling average)

Daily new deaths / 100,000: 0.1

14-Day Case Change: -13%

COVID-19 Travel Restrictions

Last change: February 24, 2023

Entry Restrictions

Nationals and residents of Germany may enter.

Foreigners may enter.

Asymptomatic Arrivals

No known mandatory quarantine measures exist.

COVID-19 Travel Recommendations

Shoreland Recommendation

All travelers should be up-to-date (i.e., boosted) on COVID-19 vaccinations prior to their trip. Persons who are not up-to-date should avoid all nonessential travel to this country. Persons who are at increased risk for severe illness from COVID-19 (even if

up-to-date) should consider delaying nonessential travel to this country. Travelers should wear a well-fitting mask in indoor public spaces. All travelers should follow destination recommendations for masking and social distancing.

This recommendation is based on aggregate national data, available medical care, and access to testing.

Some cities or regions may have higher or lower risk.

Yellow Fever

Requirement Information (for entry, per WHO)

Is yellow fever vaccine an official entry requirement for this itinerary?

NO. An official certificate showing vaccination is not required for entry by any country on the entered itinerary sequence, but view full details and see "YF Requirement Table" if there are additional transited countries.

Visa application: Proof of YF vaccination may be required for certain visa applicants. Travelers should contact the appropriate embassy or consulate with questions and, if it is required for their visa, carry the YF certificate with their passport on the day of travel.

Yellow Fever Requirement Table for this Itinerary

The following values result in the "NO" requirement result shown above (based on a round trip with United States as the home country):

Yellow Fever Requirement Table				
Country	Transm. Risk	Required if Coming From	Applies to Ages	See Note
UNITED STATES	No	None	None	
GERMANY	No	None	None	

Recommendation Information (for health protection)

Is yellow fever vaccine a recommended protective measure for this itinerary?

NO. Vaccination is not necessary as a protective measure for any country on this itinerary.

Travel Vaccination Recommendations

Hepatitis A

Germany

Recommended for: men who have sex with men.

Influenza

Germany

Risk exists from November through April, with peak activity usually occurring from January through March, although off-season transmission can occur.

Recommended for: all travelers during transmission season due to demonstrated influenza risk in this group.

Vaccination Considerations

Germany

Travelers not already immunized with the currently available vaccine formulation should be vaccinated. Travelers immunized with the current formulation more than 6 months earlier should consider revaccination because immunity may have declined. Consider baloxavir or oseltamivir as standby therapy, especially for those who are at high risk for complications from influenza or inadequately vaccinated.

Hepatitis B

Germany

Recommended for: all health care workers; travelers with possible contact with contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) or possible sexual contact with a new partner during the stay.

Travelers should observe safer-sex practices and blood/bodily fluid precautions.

Measles, mumps, rubella

Germany

Due to recurring regional outbreaks, immunity is important for travel to this destination. Vaccine is indicated for those born in 1957 or later (1970 or later in Canada and UK; 1966 or later in Australia) without evidence of immunity or of 2 countable doses of live vaccine at any time during their lives. Also indicated for those born before 1970 (in Canada) without evidence of immunity or previous vaccination with 1 countable dose of measles-containing vaccine.

Rabies

Germany

Preexposure vaccination:

Risk of lyssavirus from bats exists and is presumed to have widespread distribution. Rabies is not present in canines or other mammals.

Recommended for: all travelers likely to have contact with bats.

Postexposure prophylaxis considerations:

Bat bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated.

Meningococcal meningitis

Germany

Meningococcal vaccination is routine for children in this country.

Recommended for all long-stay children aged ≥ 12 months (according to destination regimens): *meningococcal C conjugate vaccine (MenC; not available in the US) upon arrival (if not previously given), even if already vaccinated with quadrivalent meningococcal conjugate vaccine (MenACWY)*. MenC does not replace the need for MenACWY in the event of subsequent travel to Africa or to the Hajj in Saudi Arabia.

Tick-borne encephalitis

Germany

Risk exists in the states of Bavaria (including Munich), Baden-Württemberg (including the Black Forest), and Brandenburg. Low risk exists throughout the rest of the country, mainly in the states of Hesse, Lower Saxony, Rhineland-Palatinate, Saarland,

Saxony, and Thüringen. Transmission occurs throughout the year, with highest activity from April through August.

Recommended for prolonged stays: all expatriates (due to the likelihood of occasional travel to forested risk areas or exposure in the outskirts of urban areas) and all other travelers who anticipate hiking, camping, or other outdoor activities in forested risk and low-risk areas.

Recommended for short stays: all travelers who anticipate hiking, camping, or other outdoor activities in forested risk and low-risk areas.

Tick precautions are recommended.

Routine Vaccination Recommendations (adults only)

Tetanus, diphtheria, pertussis

Due to increasingly frequent pertussis outbreaks worldwide, all travelers should receive Tdap vaccine every 10 years, assuming they previously received an adequate primary series. Those who received Td or TT for their most recent booster should receive an immediate dose of Tdap, regardless of the interval since the last tetanus dose.

Pneumococcal

Recommended for adults aged ≥ 65 years and all adults with chronic disease or immunocompromising conditions.

Varicella

Indicated for all persons born outside the US or born in the US in or after 1980, except for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

Malaria

No malaria present.

Travelers' Diarrhea

Germany

Minimal risk (comparable to that in other industrialized countries) exists throughout the country. Community sanitation is generally good, and health concerns related to food and beverages are minimal.

Current Health Bulletins

Influenza

Germany

Seasonal Influenza

Updated Mar 6, 2023 (Posted Oct 18, 2022)

As of epidemiological week (EW) 8 (February 19-25) in 2023, seasonal influenza activity has plateaued in the US and is decreasing in Canada and Europe, with early peaks during EW 47 (in 2022) in Canada and the US and during EW 52 in Europe.

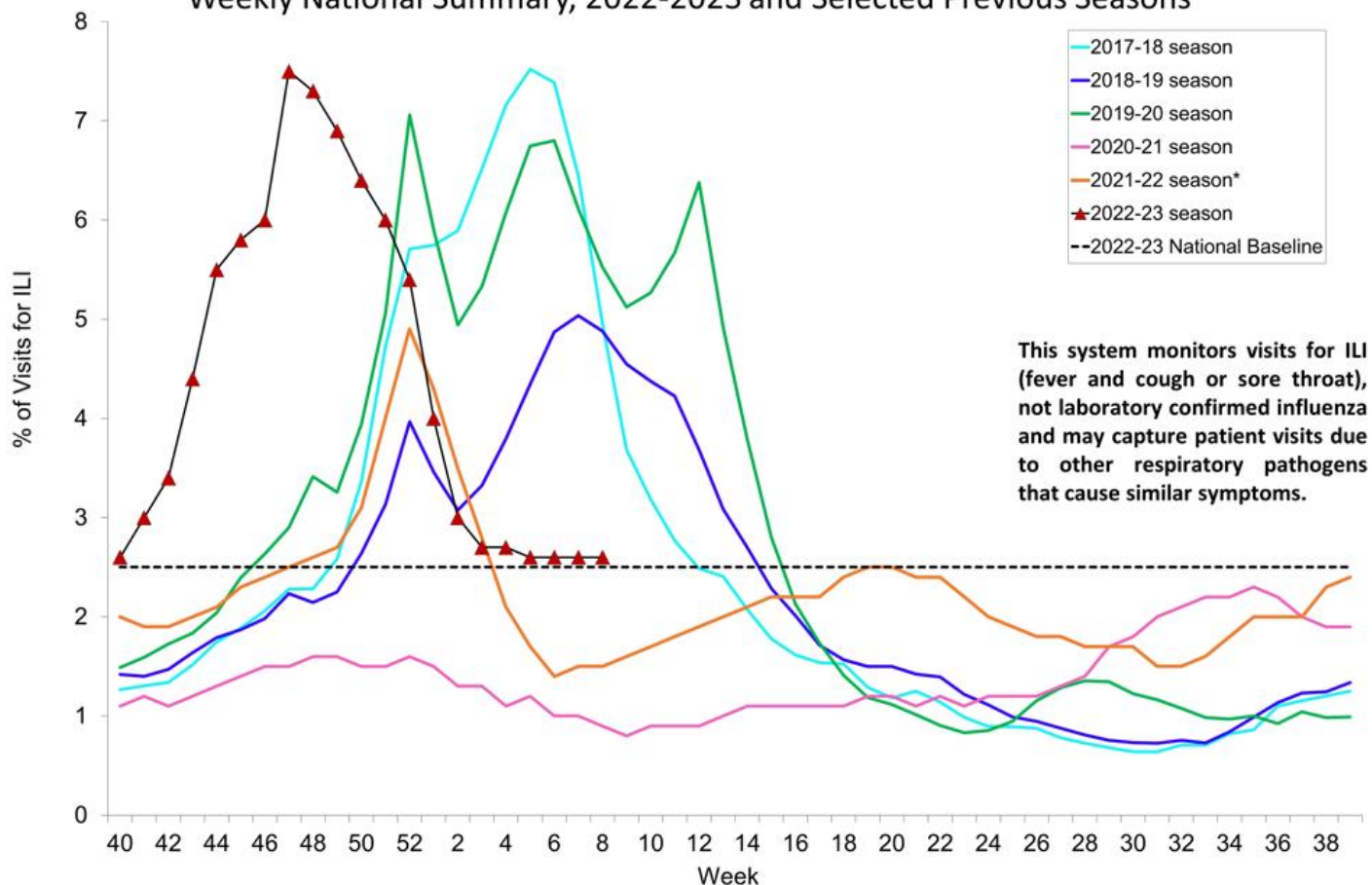
- In the US, the proportion of outpatient visits for influenza-like illness (ILI) has plateaued for the past 5 weeks at 2.6%, but has remained above the national baseline set for the 2022-23 season (2.5%) for 21 consecutive weeks. The national ILI ratio is below the national average (4.5%) during EW 8 of the past 5 pre-pandemic influenza seasons (which consistently began between EW 45 and EW 51). Influenza A(H3N2), which typically results in more severe illness (especially in older

adults), accounted for 74% of all isolates in the US. The remaining breakdown of all isolates was 25% influenza A(H1N1), less than 1% influenza B/Victoria, and 0% influenza B/Yamagata.

- In Canada, the proportion of outpatient visits for ILI has decreased for the past 13 weeks, to 0.8%, which is below the national average (2.3%) during EW 8 of the past 6 prepandemic influenza seasons; of all isolates, the virus breakdown was 92% influenza A(H3N2), 7% influenza A(H1N1), and 1% influenza B.
- In Europe, the number of influenza detections has decreased for the past week, to approximately 8,400 per week, which is below the average (approximately 14,100 detections) during EW 8 of the past 5 prepandemic influenza seasons. Of all isolates, the virus breakdown was 46% influenza A(H1N1), 38% influenza A(H3N2), and 16% influenza B.

Data show that the current vaccine formulations are well-matched to the circulating strains in North America and Europe and no significant neuraminidase inhibitor resistance has been detected in the US or Canada. Baloxivir (a polymerase inhibitor) resistance is being tracked in the US as well, with no significant resistance detected. During the Southern Hemisphere 2022 influenza season (April-September), ILI activity was above average, with influenza A(H3N2) as the predominant strain in all regions; no indications of drug resistance were reported. For the 2022-23 season, patients with respiratory symptoms consistent with either influenza or COVID-19 should be tested for both, preferably with an available duplex SARS-CoV-2/influenza PCR test. All efforts should be made to complete influenza vaccination as soon as possible. COVID-19 vaccination, if indicated, should be administered simultaneously with influenza vaccine. For vaccine supply status and vaccination recommendations, see United States: 2022-23 Influenza Vaccine Supply and United States: 2022-23 Influenza Season Vaccine Recommendations.

**Percentage of Outpatient Visits for Respiratory Illness Reported By
The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),
Weekly National Summary, 2022-2023 and Selected Previous Seasons**



Other Concerns

Marine hazards

Germany

Risk from sea urchins exists. Risk from weever fish exists. Travelers should seek out and heed posted warnings and refrain from bathing at unmarked, unpatrolled beaches.

Air pollution

Germany

Air quality may be variable throughout the year. Annual mean particulate matter concentrations are unhealthy for sensitive groups in select cities.

Berlin, Bonn, Cologne, Dresden, Dusseldorf, Frankfurt, Hamburg, Nuremberg, or Stuttgart: When air quality worsens, travelers with lung disease or at the extremes of age should reduce prolonged or heavy outdoor exertion.

West Nile virus

Germany

Low risk exists and is limited to the eastern states of Bayern, Berlin, Brandenburg, Saxony, Saxony-Anhalt, and Thuringen. Transmission occurs from May through November, with peak activity in August. Travelers with significant outdoor exposure in affected areas should observe insect precautions from dusk to dawn.

Hantavirus

Germany

Low risk of nephropathia epidemica (caused by Puumala virus) exists in rural areas throughout the country, mainly in the southern states of Baden-Württemberg, Bavaria, and Hesse and the northwestern states of North Rhine-Westphalia and Lower Saxony. Transmission occurs throughout the year, with highest activity from April through September. Travelers, especially campers, should avoid inadequately ventilated buildings and forested areas harboring rodent excreta, which may become aerosolized, and should camp only in designated areas.

Lyme disease

Germany

Significant risk exists in some or all forested areas throughout the country (including suburban areas), especially in Bavaria, Brandenburg, Mecklenburg-Western Pomerania, Rhineland-Palatinate, and Saxony states. Transmission occurs from March through November, with peak activity from June through July. Travelers should observe tick precautions.

Anthrax disease

Germany

Negligible risk exists and is limited to east-central areas. Travelers should avoid direct or indirect contact with animal carcasses or hides.

Additional Information by Country

Germany

Medical Summary

General Information

Germany is an advanced economy classified as high income. Located in central Europe (west of Poland and east of France), the climate is classified as humid temperate (no dry season).

Medical Care

A high level of medical care (comparable to that in other industrialized countries) is available throughout the country.

The national medical emergency number is 112.

Hyperbaric chambers for diving injuries are located in, but not limited to, the following cities: Kiel, München, Münster, Stuttgart, and Wiesbaden.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is generally required by hospitals catering to foreigners prior to services or treatment. Upfront payment may be waived by hospitals that have existing cashless agreements with at least some major international insurance providers. Public hospitals may provide some services free to EHIC/GHIC health card holders. All hospitals are required to provide emergency stabilization without regard to ability to pay.

Consular Advice

The material below includes information from the US Department of State (DOS), the UK Foreign, Commonwealth & Development Office (FCO), Global Affairs Canada (GAC), and Australia's Department of Foreign Affairs and Trade (DFAT), as well as from additional open-source material. Standard safety precautions that apply to all international travel can be found in the Library article Safety and Security.

Terrorism Risk

Risk of attack by transnational terrorist groups exists throughout Europe. Targets may include domestic and international organizations and businesses; public places and events, including those frequented by tourists; and transportation systems.

Crime

Low risk of violent crime (armed robbery and sexual assault) and moderate risk of petty crime exist in cities throughout the country, especially in crowded areas, on or near public transportation, and in Christmas markets.

Risk exists of robberies and/or assaults occurring after consuming intentionally drugged food or drink; tourists are frequently targeted (including in Christmas markets).

Civil Unrest

Protests and demonstrations may infrequently occur and have the potential to turn violent without warning. Bystanders are at risk of harm from violence or from the response by authorities. Disruption to transportation, free movement, or the ability to carry out daily activities may occur.

Water Safety

Rent water sports equipment from reputable operators. Scuba dive only with personnel certified by PADI or NAUI, and use equipment only from PADI- or NAUI-certified dive operators.

Transportation Safety

Low risk of traffic-related injury or death exists. The road traffic death rate is less than 7 per 100,000 population, the lowest risk category.

Airline Safety

The US Federal Aviation Administration has determined that the civil aviation authority of this country oversees its air carriers in accordance with minimum international safety standards.

Natural Disasters

Seasonal flooding occurs during spring and summer, especially in mountainous areas.

Consular Information

Selected Embassies or Consulates in Germany

- United States: [+49] 30-8305-0; de.usembassy.gov
- Canada: [+49] 30-20312-470; www.germany.gc.ca
- United Kingdom: [+49] 30-204-570; www.gov.uk/world/organisations/british-embassy-berlin
- Australia: [+49] 30-880-0880; www.germany.embassy.gov.au

Germany's Embassies or Consulates in Selected Countries

- In the U.S.: www.germany.info
- In Canada: canada.diplo.de
- In the U.K.: uk.diplo.de
- In Australia: australien.diplo.de/au-en

Visa/HIV Testing

HIV testing is not required to obtain a tourist, work, or residence visa.

Basic Protective Measures

Many travel-related health and safety problems can be significantly reduced through appropriate behavior by the traveler. Risk can be minimized by adherence to the following measures.

Health

Insect Precautions

- Wear clothing that covers as much skin as practicable.
- Apply a repellent to all exposed, nonsensitive areas of the body. Frequent application ensures continuous protection. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- Use a repellent containing DEET (N,N-diethyl-meta-toluamide; 30%–35% concentration) or, alternatively, a repellent containing picaridin (20% concentration or greater for tropical destinations; also known as icaridin). Picaridin, unlike DEET, has a pleasant smell and does not dissolve plastic materials.
- Determine the time of day and type of insects to be avoided when choosing when to apply repellent.
 - *Applicable to malaria risk countries:* Mosquitoes that transmit malaria (*Anopheles* spp.) are generally night biters with activity between dusk and dawn.
 - *Applicable to West Nile virus and Japanese encephalitis risk countries:* Mosquitoes that transmit these diseases (*Culex* spp.) are generally night biters but have peak activity at dusk and again at dawn.
 - *Applicable to chikungunya, dengue, yellow fever, or Zika risk countries:* Mosquitoes that transmit these diseases (*Aedes* spp.) can bite throughout the day but have peak activity during early morning and late afternoon and evening.
 - *Applicable to leishmaniasis risk countries:* Sandflies that transmit leishmaniasis are active from dusk to dawn, but in forests and dark rooms they may bite during the daytime if disturbed.
 - *Applicable to African trypanosomiasis risk countries:* DEET is generally ineffective. Wear light-colored (not blue), heavyweight clothing in risk areas.

- Treat outer clothing, boots, tents, and sleeping bag liners with permethrin (or other pyrethroid) when traveling in an area of very high risk for mosquito-borne or tick-borne diseases.
- Sleep under a permethrin-impregnated bed net when at high risk of malaria or Japanese encephalitis if not sleeping in a sealed, air-conditioned room. Regularly check the net for rips and tears and keep it tucked in around the bed at all times. Ensure that all open windows have insect screens.
- Use spatial repellent products in the form of an aerosol spray, vaporizer device, or smoldering coil. These products usually contain a pyrethroid (e.g., metofluthrin or allethrin).
- Perform a full body check for ticks at least once a day when staying in areas where tick-borne disease is a risk.

Blood-Borne and Sexually Transmitted Infections (STIs)

- Use condoms in all sexual encounters; unprotected casual sex, whether with local residents or with fellow travelers, always poses a high risk.
- Understand that inhibitions are diminished when traveling away from the social constraints of home; excessive use of alcohol and recreational drugs can influence behavior and encourage unintentional risk exposure.

Rabies

- Never assume that a bat is free of rabies.
- Don't handle bats. Children need to be closely supervised.
- If bitten, scratched, or licked on broken skin by a bat, cleanse the wound immediately with soapy water, and seek postexposure prophylaxis for rabies (even if rabies vaccine was completed before exposure). Consider seeking postexposure prophylaxis if in the same room as a bat with any possibility of direct contact, even if not directly observed.
- Avoid entering caves due to the possibility of exposure to bats and their droppings.

Pretravel Checklist

- Have predeparture medical and dental exams.
- Express any concerns about jet lag, altitude illness, or motion sickness to a travel health provider, who may suggest suitable medications.
- Pack adequate supplies of necessary medications and ensure that they are securely packaged in their original, labeled prescription containers and carried in multiple places. Travelers should have a letter from a physician stating the medical condition and the medications and/or medical supplies being carried.
 - If traveling with a controlled drug for personal use, review medication regulations on the International Narcotics Control Board website (<http://www.incb.org/incb/en/travellers/index.html>) as well as official government sites. Rules on amphetamine-based medications used for attention-deficit/hyperactive disorders should always be checked before travel.
- Prepare a compact medical kit that includes the following: simple first-aid supplies (such as bandages, gauze, hemostatic gauze, antiseptic, antibiotic ointment, butterfly bandages, skin glue, and splinter forceps), a thermometer, antipyretic agents, antifungal creams, cough and cold remedies, antacids, hydrocortisone cream, and blister pads.
- Pack a spare pair of eyeglasses or contact lenses and adequate cleansing solution, if applicable.
- Pack sunglasses, wide-brimmed hats, sunscreen (SPF 30+), and lip protection to avoid sun exposure problems during travel.
- Arrange adequate medical and evacuation insurance when traveling, even for short trips. Ensure all preexisting medical issues are declared to the insurer so that noncovered conditions are ascertained in advance. Have the insurer's contact details recorded and accessible at all times during travel.
- Carry a list of contact information for hometown medical providers, health insurance carriers, and a medical assistance company, keeping it accessible at all times.
- Carry a list of medical conditions, allergies, and medications (with dosages).
- Carry a copy of a recent electrocardiogram on a portable USB drive or ensure that it can be accessed on the internet (for those with cardiac disease).

Safety

Safety and Crime Avoidance

- Use caution in tourist sites and crowded areas, on or near public transportation, and avoid marginal areas of cities.
- Be wary of any stranger who initiates conversation or physical contact in any way, no matter how accidental it may seem.
- Avoid using ATMs at night.
- Minimize visible signs of wealth in dress or jewelry.
- Give up valuables if confronted. Money and passports can be replaced; life cannot.
- Register foreign trip and residence information with the Department of State at travelregistration.state.gov (U.S. citizens only), which facilitates communication and assistance in case of an emergency.

Safety in the Hotel

- Keep hotel doors locked at all times.
- Seek out and read fire safety instructions in the hotel room. Become familiar with escape routes upon arrival.
- Keep valuables in the room safe or the hotel safe.

Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities. Travax country-specific recommendations pertain to healthy adult travelers. Guidance regarding pediatric and special needs travelers can be found under the relevant topic in the Travax Library.

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